Lies I Taught In Medical School: How Conventional Medicine Is Making You Sicker Transcript

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Western Medicine and Chronic Disease

I have to say that I think Western medicine has transformed our lives in the 20th century. The pills and surgery that, you know, largely through public health measures and other things.

But it's made the world a much better place for us in the 21st century. You know, as you well know, there's a whole slew a tsunami, literally, of chronic diseases which were present in the 20th century, but nowhere near the magnitude even corrected for population that we're seeing in the 21st century.

And when Western medicine applies the same pills and surgery to these chronic diseases, they may be lifesaving in the short term and even control the symptoms in many, many of the cases.

They don't really get to the root cause and the diseases continue to progress onward. And that's that's the that's the issue. This is doctor talks. Hey, Robert, thanks for joining me.

So I have, with the Dr. Robert Lufkin. He's a, professor, taught medical school, and, figured out, much like I did, that a lot of what we learned in medical school and is still being taught is not exactly, you know, the best thing for your health, which is sort of strange coming from you know, a doctor and a professor and a, you know, you know, somebody who teaches, medical students, author of the, bestselling book lies I taught in medical school.

So, looking forward to discussing sort of, breaking up some of these, sort of lies, breaking out some of these lies and seeing how we can really impact their longevity and, sort of, get right into it.

So, Robert, thanks for thanks for joining us. Oh, thanks, Jason. This is going to be so much fun. I think this is the first time we've had, back and forth like this.

So this will be it'll be great. And thanks for writing the foreword to my book. And thanks for all the work you do. It's certainly been an inspiration to me, and you continue to be an inspiration for the work that I do. So thank you.

Maybe you can tell us a little bit about sort of your journey here and how you got to this stage. You know, I think both of us sort of trained in the very traditional sort of standard way and eventually came to some very different conclusions than what mainstream medicine had been saying.

Robert Lufkin's Medical Journey

And, you know, sad enough to say, you know, but how did you come to this sort of realization about what, what helps with health and, you know, go from there.

Yeah. Well, it's great our paths are very similar. In fact, we even overlapped at UCLA back in the day. I although we didn't know each other at the time, but we were in the same buildings and stuff then.

But, yeah, to your point, I'm, I'm not a conspiracy theorist. I'm. I'm part of the problem. And and to be clear, you know, I'm very critical of Western medicine, but I have to say that I think Western medicine has transformed our lives in the 20th century, you know, with the pills and surgery that, you know, largely through public health measures and other things.

But it's it's made the world a much better place for us. And even today, if if I get hit by a car, I'm going to want that, you know, blood transfusion and splenectomy and, you know, my bone set.

But the problem is, in the 21st century, you know, as you well know, there's a whole slew a tsunami, literally, of chronic diseases which were present in the 20th century, but nowhere near the magnitude even corrected for population that we're seeing in the 21st century.

And when Western medicine applies the same pills and surgery to these chronic diseases, they they may be lifesaving in the short term and even control the symptoms.

But in many, many of the cases, they don't really get to the root cause. And the diseases continue to progress onward. And that's that's the that's the issue. And my, my story is, you know, I'd like to say, well, I wanted to do this to make the world a better place.

Well, no, I was actually minding my own business as a professor in medical school, and I was dragged kicking and screaming into it. When I came down with four of these chronic diseases myself.

And I went to my doctor and, you know, and they they prescribed four different medicines, four of them, and I said, hey, what about lifestyle? And they said, you know, it really doesn't work.

You know, you're going to be on these pills for the rest of your life, so get used to it. And at that point, I had young daughters that weren't even in, middle school yet, and I knew it wasn't going to end well.

So I began to take a deeper dive, and I realized a lot of smarter people than me had been publishing a lot of stuff that changed, changed my understanding, and changed the way I thought about this, about these diseases and the ways that we can approach them.

So, long story short, I adopted some relatively straightforward for me lifestyle changes, and then I was able to reverse those for chronic diseases to the point that I got off the prescription medicines.

And now I sort of made it my mission to, help other people understand this message. And, you know, not me to say mistakes that I've made. Well, it's it's so strange, right?

Because these are, you know, and I'm not a conspiracy theorist either. I mean, obviously I trained and, you know, standard Western medicine, but I think that it's very strange that, you know, a physician as a patient, right, can develop these chronic diseases, go to another physician and specialists, obviously.

And they, they give you, they give you a treatment which is medication when it's in fact a clearly a lifestyle disease. Right. So a lot of these diseases we're dealing with now.

So type two diabetes, metabolic disease, it's it's very closely related as a lifestyle disease. We know that diet and lifestyle exercise can make a big, big difference.

In fact, every sort of every, every lecture on treatment of these diseases starts with lifestyle. Right. But it's lip service, right? That's the problem.

And I remember talking to I remember, you know, going to some of these lectures and they'd be like, oh, they'd say things like, oh, the number one, two and three.

Treatments for metabolic diseases, lifestyle, lifestyle, lifestyle. Right. And then they spent the next 59 minutes of the 60 minute lecture telling you about the drugs that you should be using. Right?

Lifestyle Changes for Diabetes Reversal

So it's it's unfortunate because but because the, the medical students and the people in the audience, this was a CME. So it was it was actually other doctors, in the audience get the clear message that, yeah, we, we acknowledge that it's lifestyle disease, but we're here to give drugs.

Right. And and that's unfortunate. Right. It's it's it's so sad even even, you know, if you're a physician yourself, it doesn't matter. That's that's the message.

That's our training. And, and it's sort of, sad that if people want to come and get advice that might help them, they go, they're better off on YouTube and on the internet rather than seeing their doctor.

Right. And I think that's that's the part that always strikes me, is this is actually really not the way it's supposed to be, you know? Yeah. I wish somebody would have said when I said lifestyle doesn't work, I wish they would have said, yeah, it does work, but most people can't.

You don't have the willpower, are not able to accomplish it first, and then they'll follow up and say, I mean, one of my diseases was type two diabetes, prediabetes.

I would have liked that then to say, okay, for type two diabetes, you can either do lifestyle, which, you know, we we find people can't stick with, but that will reverse the disease and it will not progress likely.

Or we're going to give you metformin and eventually insulin. And your disease is going to continue to get worse and worse and worse. And you know, you know the story amputations renal failure, you know, on and on and on.

All the all the chronic diseases, will be amplified. So you could choose you can you can end it with lifestyle and really put it to bed or we'll, we'll pelea you, you know, we'll give you insulin so you don't die of hypoglycemia, but you're still progressing.

You're still damaging the blood vessels. And it's going on and on and I you know, I'm preaching to the choir, of course, but then I do know where it goes.

What were those, things that you did that, allowed you to reverse that type two diabetes and prediabetes? Yeah. I mean, foundationally was, was, nutrition.

But, you know, in addition to nutrition, I didn't leave out sleep or exercise or stress, but nutrition was really fundamental. And and, you know, from your work, you started off with intermittent fasting and controlling, when I ate, got getting rid of snacks, intermittent fasting and, this thing and then and then I'll, then I change what I ate.

So for me, it was, getting rid of carbohydrates, refined carbohydrates, sugar, starches, you know, the drill. Lower that as much as possible. And then additionally, something wasn't even on my radar, which was junk oils and processed seed oils, which drive insulin resistance drive inflammation.

And there, in my opinion, I think they're necessary to, you know, as part of lowering carbs. You also need to lower the junk oils, in order to really address it.

And then for me, the third, the third foundation of my, my, pyramid was to, eliminate grains. You know, they they contain a lot of carbs, but also, I think I don't have celiac disease.

I don't have gluten sensitivity, but I think there's a lot of a lot of, people have low grade inflammation related to the proteins in the grains. And if that's not enough, you know, at least in the US, our grains, most of them are soaked in glyphosate, which is, you know, toxic weedkiller that's outlawed in 30 countries around the world for its, you know, for its health effects in cancer.

So so I avoid all grains altogether. I mean, don't get me wrong, I, I love, I love bagels, I love donuts, I love cakes, but there's only one thing I love more than those.

And I'm willing to give it up for them. And that's my children, because I want to live to see them. Yeah. And it's it's, you know, it's unfortunate, but, you know, some of these things, I mean, we talk about fasting and, cutting down the carbohydrates and the the funny thing about that for, for type two diabetes specifically, is that the rationale, like the scientific rationale, is so just blindingly obvious that it boggles the mind why doctors are not educated on this.

Right? It's it's I mean, you could look at like glycemic index, right. And, you know, certain foods or spike your sugar is really, really high. That bagel, for example, or spike or sugar really, really high.

Whereas an egg will not. So why are we telling people to eat 50% carbohydrates like the. How does that even make any sense? Right. It's like, you know, it's like if you're, you know, wet, then we say go jump in the pool.

It's like, why would you want to do that? Like, why would you want to eat foods that spike your glucose? Like, why don't you tell people to cut the carbs so that they're, you know, it just boggles my mind.

Like I just don't understand.

Hyperinsulinemia and Early Disease

And and I think that that, that that's part of the sort of changing mentality, that we're trying I think that's what you're hoping to do with, with your book rights or sort of get some of these, you know, truths out there that are actually really just self-evident.

So I love the title of your book. Maybe you can tell us about some of these lies that you're, you're taught you are teaching. Actually, I was taught you were teaching.

Just just back to that one point before we we leave that, the the the notion of why why don't we, you know, if, if type two diabetes is carbohydrate toxicity, we'll just stop eating carbohydrates and and you're done.

Well, our trusted medical institutions, in the case of diabetes, the American Diabetes Association, you know, is the U. S. and ultimately worldwide authority on diabetes and recommendations.

And I, I love the, you know, on their website, you go to their website and they have recipes for type two diabetics, and they have, recipes with sugar added.

And their their advice is, just cover it with insulin and, you, you but then if you look on the page, the sponsor that sponsoring that, this DaVita Corporation and, you know, your the audience may not know, but DaVita Corporation is, you know, a large purveyor of kidney dialysis machines or kidney failure.

And the number one cause of kidney failure is type two diabetes that people get from eating sugar in their diets that this this ad is recommending, you know, I mean, a lot of people think that that glucose, glucose, high levels of glucose is harmful.

And it is I mean, it's pretty, pretty clear, you know, glycation and hemoglobin A1, C is like Asian damage. But I think insulin in itself, there's a lot of evidence that insulin itself is damage and damaging.

And, you know, you've seen it from the diabetes studies. If we if we control the glucose very well, but we have to give high amounts of insulin, then these chronic, chronic, progressive changes in type two diabetes continue to happen.

So we're treating type two diabetes by giving one of the things insulin, which actually makes the disease worse. You know, and for atherosclerosis to right, there's actually tons of data because I remember looking back at a pathology textbook when I went to medical school, because I still had it right on my shelf.

And it was from the 90s. Right. And it was already talking about how insulin causes hypertrophy of smooth muscle, because if you look at atherosclerosis, it's not actually cholesterol sort of just clogging up the pipe sort of thing.

While it's a great image, that's not actually what happens. It's more of a response to injury and hypertrophy. Right? You get injury and then hypertrophy afterwards.

And insulin actually plays a huge role in that. Inflammation and hypertrophy. The smooth muscle hypertrophy back

that goes on in these atherosclerotic plaques I'm like geez, back in the 90s when I was, you know, looking at these all the pathologies were like, oh yeah, there's tons of effects that insulin is going to make worse here.

Right? And it's like, oh, it's like, oh, so then why would we want to gift for insulin the more insulin like like, you know, when you ask these simple questions and I've asked this of endocrinology, fellows and stuff, they actually have no answers.

Right. They were taught a certain thing, which is eat carbs and cover it with insulin. And they just repeated on and on. Right. And those are those lies that we get taught in medical school.

But you think that they're true, so you never question them. And we actually ask the question which is so obvious they can't come up with an answer because it's just too stupid, right?

It's like, it's too like, don't eat so much glucose. Right? So, so, you know, because the insulin, the insulin itself is the problem. That's why sulfonylureas, which are bad because they, they raise insulin whereas metformin is actually good.

Another drug for type two diabetes because it it basically lowers glucose but it doesn't raise the insulin. That's why I mean, I take metformin for longevity now after I stopped for type two diabetes.

But but but yeah, to your point, insulin, you know, I mean, you wrote the book on cancer. It's the greatest book on cancer I've ever read, the cancer code.

I highly recommend it if anyone hasn't read it yet, but but insulin like growth factor turning into on with with insulin can also drive drive malignancies and and that as well.

And you know and then we could you know we can look at Alzheimer's disease as, you know, type three diabetes. There's there's an effect of insulin there.

Although it's not it's not as straightforward at least. But we're we're seeing it. We're even seeing it, of course, in, you know, in mental illness with, people going on, the ketogenic diets are reversing, you know, becoming metabolically healthy.

It's all tied in and, you know, at least tangentially to insulin at some level. Yeah. I think I think the hyperinsulinemia is really actually the key to the whole thing.

And understanding it, you know, because people call it insulin resistance, which sort of hides the actual problem. Because when you say insulin resistance, you say, well, what causes the insulin resistance?

And that opens the field wide open, but you say, well, the problem is actually hyperinsulinemia then you come to the immediate conclusion that, well, hey, we just need to lower this.

And then sort of like if you have hypothyroidism, then you go, oh, I see we just need to lower the thyroid hormone. Right. It's it makes it obvious what you need to do.

But yeah insulin itself it's there's there's decades of research data. There's just data everywhere showing how harmful hyperinsulinemia is. That is insulin. And it says, oh, demonize insulin.

It's a normal hormone. Like of course it's normal. But it's too high, right.

Research Bias and Medical Education

That's and that's why lowering the cost of insulin, you know, our politicians are saying, hey, we're going to cut the cost of insulin and make it more cheaper for people to pay for their insulin, which is which is good.

But for type two diabetics, you know, many of them, the majority, at least in the controlled studies, can reverse their type two diabetes and in many cases get off insulin.

So it's there. Yeah. All right. I have a question. I have a question for you. One of the things you're writing this book about, about diabetes, that came to me as a physician, I used to think of diabetes, like I thought of like the all these chronic diseases, kind of erroneously, it was like an on and off switch.

You either had diabetes or you didn't, you know, and and then there's some couple of great studies that came out with looking at non-diabetic adults in America, and they plotted the hemoglobin A1, C, which is, you know, the as our audience knows, the damage and also the diagnostic test in many ways for diabetes.

And these non-diabetic adults with aging, insulin resistance, increase in hemoglobin A1. See, just got higher and higher and higher with aging. And so I'm now starting to think about type two diabetes and insulin resistance, but specifically type two diabetes as sort of like gray hair.

In other words, if I live long enough and if I don't die of something else, I'm I'm on the path to type two diabetes, or at least many, if not most people are.

And how does that inform my life? Well, for for type two diabetes and also all the diseases, all these chronic diseases, I'm going to start choosing the lifestyle now that will begin making me metabolically healthy.

Because, you know, as as we all know, these diseases don't start when the doctor says you've got diabetes or you've got Alzheimer's. You can't remember your keys.

They start years to decades before, before the doctor makes a diagnosis. And if we wait until the doctor makes the call, we've missed a tremendous opportunity for prevention and even reversal and just living a better life.

And that's that's why lifestyle is so important. You know, starting now, you know, don't wait until the doctor tells you you got something. And that's absolutely right.

I mean, if if you look at type two diabetes, I mean, I think of the spectrum as basically the hyperinsulinemia. So you can you get it. So if you look at the diagnosis of Hyperinsulinemia and they did this study called the Whitehall Study, where they look back on those people who had, you know, regular blood work, and then they looked back at those people who had, developed type two diabetes.

And what they found was that, like, I think 11 or 12 years prior to that diagnosis, you could already see these issues, right? The insulin starts to go up.

And that's the sort of beginning of the hyperinsulinemia phase. So you get the hyperinsulinemia, so you get the high glucose, and then the hyperinsulinemia returns the glucose to normal.

So when you check the glucose which is the a1 c and the blood glucose is actually normal, but you get this compensatory hyperinsulinemia which starts way before like not even close.

It's like ten, 12, 14 years before the damage is already starting. So by looking at just the glucose, we're almost completely missing the book on early disease, which of course, like anything else, like cancer, like any disease, like you want to treat early because you want to know if there's a problem.

So by the time that sugar actually starts to go up there, you're just you're already ten years down the line of the disease of hyperinsulinemia. And, you know, to me, it's like, you know, insulin is one of these things when it's in very high doses, like when it's too high, you can clearly see the effect because we know it.

We give people insulin as a treatment. And you see what it does to people. It makes them gain weight. Like so obviously if if that's what causes it, then we need to lower it.

Right. And that's, that's where cutting down the carbohydrates, intermittent fasting is super, super, super beneficial because they're both dietary. Cause, like, treatments to lower insulin because if it's too high, you want to lower it.

And I've seen you mentioned before your mom was a dietitian. Right. Yeah. So she was, you know, I mean, obviously the dietitians are good people. The problem is that a lot of the teachings, just like the medical teachings and medical school and so on, you know, you and I, we're doctors.

We know a lot of doctors. They're good people. They're not trying to be, you know, they're trying to help like, obviously are they are the dietitians are the same.

But the problem is when the when the, the the people who teach the doctors have been insulin so heavily by industry, by pharma, that kind of thing. That's what happens.

And so it's it's it's tough. It's tough to be that. Yeah. Ask you sorry I had no I was just going to say. Yeah. Certainly the you know, the saying goes the nutrition, the nutrition education is basically paid for by big food junk food makers.

That's why my mom would go to dietician conferences and their big McDonald's and Cokes would be the sponsors for it, and that's all. And and just like medical education, you know, sadly, is paid for by by pharmaceutical companies, right.

What could go wrong? Right. It's actually a terrible problem, honestly, because the, the problem like, I think what happens and, you know, this, but when you get these, either pharma or big food to come in, what happens is they sort of distort the whole system.

In medical education, for example, you know, there are tons of doctors who get a ton of money from, you know, various pharmaceuticals for whatever means doctors are not bad people.

I know a lot of them. But the problem is, the sponsor of the trial has a huge influence on the trial results. And they've done studies on these, which is to say that if you look at a study that's funded by a pharmaceutical company or a food company, it's like, you know, 7 or 8 times more likely to find a result, you know, favorable to that company.

So this is a problem. So if you have drug companies doing a study on a drug, well nine times out of ten, no matter what the drug does like it could be a sugar pill.

But no matter what the drug does, nine times out of ten the study is going to say, oh, this drug is amazing. Same thing with, as if the, you know, if if the food companies are sponsoring the, education events.

So it's a massive problem, then, of course, then they say, well, the studies show this, this is evidence based medicine, right. But it's like, okay, but it's evidence paid for by the pharmaceutical company.

So that's that's where you get into these, these issues where medical education itself is a problem, which is why I think, you know, your book is so important because it's like the problems are pervasive.

And if you don't, you know, if you just take everything at face value, you can't always, you can't always, trust them, right? I mean, yeah, I mean, I experience it firsthand.

My my lab, received millions of dollars in grants from drug companies, device makers, and the federal government to do studies and do research. But part of it was publication.

And just like you say, you know, the drug company pays you to test this drug.

Fasting, Media Hype, and Bad Studies

And and at one point, for us, there was even a clause that they said, when you write up this results of this test, we have first right of refusal. In other words, you have to show us the paper, and if we don't like it, we will we will, prevent you from publishing it.

And so, you know, it's like, so only good news gets published about the drugs and, only, you know, the only people that pay for drugs companies or I mean, drug research or the people that that do that benefit from it.

So it's it's not not 100%, but it's by far most of them. And it's a very slippery slope, you know. Yeah. And I always get the argument back that, oh, we need these drug companies to do research.

And I'm like, but that's based on the premise that biased research is better than no research. And I'm like, I'm not sure that's true. Right. Because, you know, I mean, it's it's it's one thing if you if I said to you, oh, Coke did a study showing that sugar is amazing for you, you'd say whatever, right.

But it's if somebody else said this, then this drug has been proven to be good for you because the American Heart Association says so. You say, oh, okay, I should take that drug.

That's the exact same logic, right? The drug company paid for that drug. The drug company paid to publish those results. The drug company paid the American Heart Association or the American Diabetes Association to publicize, you know, to to get this out there.

It's no different than a study that Coke's published a study saying Sugar's great. And it's like, okay, but, you know, this is this is this is a problem.

I think the the American public deserves better. And, you know, it's it's such a problem. I know some of the people, are like people try to change it, but it's it's, you know, it's always hard to argue with.

Yeah. It's bad enough when, when the media and, and the trusted scientific organizations take a scientific abstract from a meeting, it says if fasting is bad and suddenly it's now it's headlines in the media and I get it calling me up and said, wow, I quit fasting.

I'm glad I did that. I don't want to have a heart attack. And then I had to tell people because, you know, yeah. Why don't you tell us about that? And this was probably about six, six months ago or. No.

Yeah, yeah, there was it was a study. It was. And correct me if I'm wrong, but I believe it is a it was an abstract from a scientific meeting, which is, which has, it has to be cleared by the scientific organizers, but it's not really a peer review process.

And it's not a full paper. It's just an abstract that submitted. It's presented at the paper, at the program, in the meeting. And this was seized by, an organization.

I, it was the American Heart Association. I was it was the American heart of what was it? Oh, okay. Well, I, I think they put out the, press release that wound up getting to all the sort of journalists and so on.

Right. And so let me ask you this. Why? What is there ax to grind against fasting? I mean, this is it. It sounds like they don't want people to fast based on bad research here, but there, you know, why did that?

Why did that happen, do you think? I don't know, I think I think it was very, Clickbaity. Right. So I think somebody at the American Heart Association.

So, so to be clear, an abstract, there's it's it's the it's the lowest form of research. Right. So you have peer reviewed papers which usually have multiple authors.

You spend, you know, six months, sometimes a year, sometimes many years to do a paper like this and abstract this something you get the, you know, the medical student to put together and it doesn't get peer reviewed.

You present it at a, at a conference, but there's usually like a thousand of these abstracts. Right. And they're, they're, it's it's really low on the totem pole.

It's basically worthless like an abstract. It's not worthless because it's still research, but it's it's really, really, really, really low down. Nobody's looked at it.

If I wanted to say, oh, you know, sugar is good for you, I could put in an abstract, you know, you put it out there, a thousand of these at every conference.

So there's, you know, if you have a hundred conferences, there's probably like 100 or 200,000 of these abstracts that go out and it's, it's it's so it's really not a very worthwhile paper.

It's tons of scientific errors in this, sort of, a thing. And, and yet I think because the that number. Right. So the put out this number that if you fast for like 16 hours a day, your, your risk of heart disease, it was associated with an increased heart disease risk of like 91%, which is like an incredibly like that's so far off of what's in reality, you know, it's not even believable like it's, it's but is so clickbaity that I think somebody at the American Heart Association must have said, hey, we can get good press for our our meeting here.

I don't think they I don't know that they had anything to grind against fasting. I mean, but I think it was just something like, oh, well, here's something that'll get people's attention. And it did.

It went I think I saw it on every news media, had something on it. Right. And it was just ridiculous. Like the whole outcry was like ridiculous. Then you actually look at the study.

And so as it get gotten attention, people started looking at it and it's like, wow, this is a real piece of garbage research. It's like the worst study I've ever seen in my whole life.

Well, yeah, because it was an abstract and it was garbage because it was meant to be garbage. But somebody seized on it and threw it out there. And of course, journalists are not scientists.

Saturated Fat, LDL, and Heart Disease

They're not doctors. So they just take whatever the assets. Right? So I think, you know, I can't blame the media for saying what the AAP had told them, right?

That's not they're not doctors, but the. Yeah, like your doctors, like you're so hungry for publicity that you'd put out something that, you know, is a terrible, terrible, piece of research.

It's got tons of errors. The number is not even believable. Right. So, you know, so what they said is fasting for 16 hours, a day was, you know, increase your risk of heart disease by 91%.

It's an association. But one day, by the time they spun it, it they made it causal. They said it was causal. If you did it, you would get like it, which is a complete error.

Right. And then they they further said that if I think if you fasted for like 14 hours, so keep this in mind. So 14 hours of fasting means you finished dinner at six and you eat breakfast at like 8 a.m.

so you eat at 8 a.m., breakfast, and you eat dinner at 6 p.m. and that would increase your risk of heart disease by 66%. Like, are you insane? Like, this is, are you telling me that eating at 8 a.m.

and then dinner at 6 p.m. is worse for you than every other risk factor on or the other than smoking is worse for you than diabetes is worse for you than you know.

Not walking is worse for you than being overweight. It's worse you than everything out. Right? And the eating pattern that everybody did in the 60s is going to raise your risk by 60 something.

It's just it's such a piece of garbage. Right. But then at that point you mentioned about, about causality versus association. That can apply even to peer reviewed studies.

You know, you have a study that that the it's a it's a correlation study. It's not a controlled study. So there's no causality can be inferred. And they say that, oh, red meat is associated with cancer.

People who really get cancer. And it's true. But also people who drive pickup trucks get cancer, get more cancer. And people who go to rodeos have more cancer than people who go to, you know, different, you know, who drive people, people who drive pickup trucks are more likely to get cancer and the people who drive Teslas.

But it's not because of the car, it's because of the lifestyle. Same thing with red meat and other things. But this it gets distorted. So I even see my colleagues, you know, sometimes even myself, I look at it and go, oh, wow, that causes that.

But it doesn't. It's just an association. And it's a really a slippery slope. And the media has no clue. But oftentimes doctors get confused on it too.

Oh yeah, I have a good one for you. There's a study I saw just a few days ago. They said that if you have a wife that is ten years younger than you, that is also associated with lower mortality.

And it's like so the thought just was, oh, then we should go out and get a young wife. Like, obviously not. Because it's an association. It means that those people, you know, are probably more well-off, richer, like there's there's something in that group who've married very young, you know, probably second wife, you know, obviously there there's something there and probably it's socioeconomic status.

It's it's the money that that means that they live longer because they have better access to health care and stuff. It's like it's the same sort of stupid, stupid association.

But yeah, it gets us into all kinds of problems. And I want to pick up one other, thing you said about, sat, the, the seed or the, the junk oils you're seeing and also saturated fat, because this is something that, you know, is has been a staple of medical education and dietary education for years that you should avoid saturated fat, because it clogs the arteries and causes heart disease.

So what do you think about that? Well, you know, the conventional wisdom is is just what you said, but, in, you know, in my opinion, my thinking is change.

And I think there's, there's solid evidence. It's not just because, you know, Rob says so or, you know, my mom says so or, you know, my neighbor says so, but they're actually peer reviewed studies, prospective controlled studies that that can demonstrate this.

But I think, I think I'm more likely to get a heart attack from eating, sugar donut than I am from eating, meat and saturated fat and fortunately, you know, the thinking about eggs and cholesterol has come around.

So we know dietary cholesterol really doesn't have a significant effect on blood cholesterol. The question is, does blood cholesterol, you know, what's the effect on on heart disease.

And I think even that's been exaggerated there. There's a small effect. But you know, as you hinted at, I think if we look at hazard ratios, they're they're much stronger correlations to what's going to cause a heart attack than my LDL cholesterol, you know, things like my metabolic state, my insulin resistance, my triglycerides, my HDL.

I mean, look at smoking. You know, smoking is, you know, a big cause of heart attacks. It, you know, and and yet, what does that have to do with LDL cholesterol?

You know, it's it's exactly, exactly. It's so, you know, cholesterol plays a role. But I think oxidized cholesterol is you know, it it it's involved in it.

But I don't think it's causal, which is really, you know, I, I, I agree with you because there's a lot of people who say otherwise. And to me it doesn't actually make any sense, because if it's causal, then you'd say, okay, well what are the biggest risk factors.

Right. So of heart disease. Right. So do they affect your cholesterol LDL cholesterol and smoking obviously is big. No not at all right. It doesn't affect air pollution.

Same thing. Yeah. Pollution diabetes. So metabolic disease does that affect LDL cholesterol barely at all. It affects triglycerides. And HDL. That's part of the medical syndrome. Right.

And we all know that's that's super important. And in fact but that'll be I know it's not part of the five things that make up metabolic syndrome. And we all agree that metabolic syndrome is probably the most important factor in heart disease, short of smoking.

And then you look at, you know, are there drugs that can raise your cholesterol? Sure. There are starters. They raise your cholesterol and they lower heart disease.

So if so, it's like, okay, LDL cholesterol is going up by 2,025%. The heart disease is going down. So how can you say that's causal. Hormone replacement treatment decreased cholesterol 2,530%.

So back in the day, if you remember, and you know, again, this is when I went to medical school in the 90s, you know, hormone replacement therapy was purported to lower heart disease by 50%.

And one of the mechanisms was that it lowered cholesterol by 25, 30%. Now, we know that it doesn't actually lower your risk of heart disease, but it still lowered your cholesterol.

So what happened to all that benefit? Right? Did we just forget about it? It was like, absolutely. People just kind of started ignoring it. And then so it's like all this data that suggests that, hey, LDL cholesterol.

Well, I agree with you. I think it's a factor, but a small factor. And I'm not sure that it's actually causal. What about this whole idea of eating saturated fat?

Because that's that was one of the other pillars that we all got taught in medical school, too, that we should eat less saturated fat.

Seed Oils and Processed Fats

That's why we weren't supposed to eat butter, right? We're supposed to eat margarine, right? I believe saturated fat is healthy. And and I think this this question is really fundamental.

You know, it sounds like we're in the weeds, but it's really it's it's it's it the, you know, it's a hinge of American or global nutritional policy that is, you know, of the three macronutrients, we're going to keep protein the same.

And so we're going to very fat in carbohydrates. And if we go to a low fat diet we have a high carb diet. We go to a high carb diet. We have a low fat diet.

And for years we've been recommending a low fat diet and eat a lot of carbohydrates. And that doesn't work if we want to or if we go to a higher fat diet, we use junk fat, which the American Heart Association recommends because they were funded by Procter and Gamble, which made Crisco and but and but to their point canola oil corn oil does lower LDL cholesterol if you know no question about it. But, you know, as you say, LDL cholesterol does, it doesn't seem to have a big effect.

Most people have heart attacks, and entering the hospital have normal cholesterol. And yeah, you know, and then the all cause mortality studies on the statins, of course, to lower the LDL cholesterol.

Ha. Point out, too, that all of those, statin studies were funded by the stat maker, except for one. So I don't know if you remember, but there was this study long, long time ago that the VA actually did because they were the only ones who would fund this.

I think it was one of the all had studies. It was the only one that was not funded. And guess what? They didn't find any benefit from. Ouch. I know it's like some people forget about it.

They say, oh, it's, you know, it's consistent. It's consistent. It's like, yeah, everything. It's it's like taking. I did five studies by five different soft drink makers, and they all agree that it was good for you. Right?

It's like, oh, well, you had ten statin makers who did studies that told you that statins were really good for you. It's like, okay, but like, don't doesn't the American public deserve better than that?

Right. That's what I always say. Like, there's all this this, you know, funding that there's all this money that goes into health care, but we actually need good information, right?

It's this, this, this sort of thing is just very harmful. And I think that the the saturated fat question is very interesting because, you know, it's it's, you know, what do you feel is, is really bad about the sort of seed, seed oils, the sort of junk oils you call them.

What what makes them so bad for you? Yeah. Well, I think, two things. One, they, they drive oxidation just chemically, and, you know, they're in all salad dressings.

They're in all, you know, most junk foods, practically, they're even in hummus and, you know, things you think are healthy. They have canola oil because why?

Because they're people aren't trying to poisonous. They sit they're inexpensive. They're subsidized in the US, at least by the farm bill. So corn and soybeans are artificially less expensive.

But it gets worse. In 1990, of course, McDonald's and Burger King famously switched out, beef tallow in their fryers, which was a healthy saturated fat which is stable at high temperatures.

And they switched out for inexpensive corn oil and the seed oils, which was actually paid for by science in the Public interest by billionaire who funded this.

And the idea was to make people healthy, by getting rid of saturated fats. And what happened as a result of that all over the world. Now, essentially, with few exceptions, all fryers use these these seed oils, which are unstable at high temperature and they break down to relatively toxic compounds, which, you know, if they don't change the oil in the fryers, they last forever.

You can put it in your car and use it as gasoline, you know, and it's it was originally developed for machine lubricants for World War One German submarines.

But, that those are the problems that I think Kate Shanahan shout out to her. It's done a huge amount of work on that. Yeah. And, and and I think I remember Zoe Hachem, a researcher in the UK also.

Yeah. Looked, at saturated fat because saturated fat, of course. You know, we live in this era that we call evidence based medicine. So if you say, okay, you know, saturated fat is bad for you, you can't.

You're not supposed to just say that. Right? You have to back it up with evidence. And you know, this idea that saturated eating saturated fat, butter, you know, beef tallow, that kind of thing is bad for you should be backed up with evidence.

So there's tons of evidence, but none of it shows that saturated fat, saturated fats. I for you think there was. It's not funny. I'm sorry. I shouldn't be laughing.

It's not funny because people are dying as a result of this. I, you know, I know it's crazy. It's crazy that we accept this to be true. Yet there's actually zero like after.

And it's not that they didn't do it. They've actually been doing these studies since the 70s. So you're talking about 50 years of nutritional research, all of which have provided a grand total of zero studies showing that saturated fat is actually bad for you.

But that doesn't that tell you something like, seriously? And the thing about unsaturated fats like these vegetable oils and so on first is that they're highly, highly, highly processed, right?

That's not a natural product. Like you have olive oil, which is also unsaturated. But you know, you take all of this squish. It's pretty natural. You know, animal fat like butter.

We've been eating that for millions of years. Saturated fat. But it's natural. It's a natural oil. Whereas, you know, canola like nobody ate canola before.

It's a totally new crop that is highly processed. You have to, you know, take sunflower oil, corn oil, you have to you have to do a lot to them other than just squish them.

Right? It's not it's highly processed and it's, Yeah, yeah. And then the thing is that the, the polyunsaturated fats are unstable, as you said, that's their chemical nature.

Right? Because saturated fats are saturated with hydrogen, you can't stick any other, you know, oxygen molecules into that fat because every sort of available position is saturated.

So these oils are not chemically reactive as opposed to those vegetable oils that we were taught was healthy, but they're actually highly unstable. So you can get oxygen in them, which causes them to be oxidized, which causes them to be massively inflammatory because it's not natural.

Right. So when it's not natural, it goes in our body and our bodies like, you know, and it starts to just like when you get a cough or get an infection, it gets inflamed.

Well, this is like a foreign sort of substance. So our whole system gets inflamed. And that's just the chemical nature. There's nothing you can do. That's why they go rancid, right?

These vegetable oils, they're unstable oils. And so how is eating this unstable oil supposed to make us healthier? And it's like the whole thing, like, once you start digging into this whole saturated fat polyunsaturated fat story is, is like, wow, there's a lot here that hasn't been taught to us, and yet we believe it just because we've been told over and over again without evidence.

You know why this is? It's like, that's a crazy, crazy idea. Yeah. I mean, here you have the American Heart Association saying canola oil is a heart healthy oil.

And they put it on the package of cereals and things like that.

Nutrition Myths and Closing Remarks

But it's something about the seed oil said, like as you say, high omega six make them unstable pro oxidative. But then the fruit oils like you mentioned olive oil, which is not a seed oil, it's from the fruit of the olive around it or avocado oil.

Those are healthy for they don't have the same problem, but it's the seeds that you're concentrating literally thousands of seeds and, and cotton seeds were, were junk after the cotton gins were developed in the 1800s and they had all these cotton seeds, they didn't know what to do with and whale blubber was, you know, falling out of, you know, it's less and less whale oil.

So they made cotton seed oil and as a lubricant and and then they figured out, hey, and, and corn oil based things, too. They figured out, hey, people will actually eat this.

And and then it was, it was promoted as, as a healthy alternative to, what are actually healthy animal fats and and healthy plant fats. Yeah. Crazy, crazy.

This whole this whole field of nutrition, I mean, so many misconceptions, which is why I think, you know, your book is, is very important that, hey, this is not just crazy people on the internet talking about it.

These are like, these are, you know, professors and doctors and that have looked at this sort of thing and said, wait, like, why are we doing what we're doing?

Like, let's think about this more deeply rather than just parrot the things we had been taught, because obviously the things we had been taught, a lot of them turn out to be wrong.

You know, there's so many examples. I mean, hormone replacement therapy was huge until, you know, we figured out, yeah, it's not good for you at all. So then we had to change. But, you know, 50% of women were on hormone replacement therapy like 20 years ago.

It was a huge thing. Margarine was supposed to be great for us, right? It was at least two decades worth of, oh. Don't eat butter. I can't believe it's not butter and all this stuff. Right.

It turned out the those margarines were full of trans fats. So to prevent heart disease, we told people to go from butter to trans fat laden margarines, which would actually kill you, right?

What a disaster that was. Right? So the whole thing that's this whole low fat paradigm was, was was crazy. So again, there was, you know, no data whatsoever that eating less that would prevent heart disease until the studies started come out in the sort of late 90s that, hey, these low fat diets were just killing people.

There's a lion study and there's a bunch of other studies, and that's where we switched to sort of this Mediterranean diet. A lot of those things were higher fat.

So a lot of these things that we were taught without any scientific evidence were turned out to be not true. And that's why we're supposed to demand evidence.

Yet we don't we don't demand the evidence that we should get from things like, you know, saturated fat, intermittent fasting. There's more data now on intermittent fasting on these, these oils.

So yeah. Great. Great book. I encourage everybody to get it. And, thanks. And if people want to follow you, where can they find you? Robert? Oh, yeah.

My website is robertlufkinmd.com, and I'm active on social media, so please, say hi. And, Yeah, yeah. All right. Perfect. I think we're good. Great. Thanks so much, Jason.

This has been a blast. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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